

DIVISION OF WITH DISABILITIES SERVICES FOR PEOPLE

One Time Payment Process

This process is for payments for one time purchases for the following: Environmental Adaptations to the Home (EA1), Environmental Adaptations to a Vehicle (EA2), Specialized Medical Needs up to \$5000.00(SM1), Specialized Medical Needs over \$5000.00 (SM2), Startup cost (STC), and State Funded One Time Purchases (MAG)

All one time payments, regardless of the amount shall follow this process. For this process a SC includes contracted External Support Coordinators (SCE), Division of Services for People with Disabilities (DSPD) employed Support Coordinator, and DSPD employed Nurse Coordinators.

Attachment A: Current DSPD list of employees in the portions in this process

Attachment B: Instruction on how to obtain a Medicaid Denial

_____ **1st Step Pre- Purchase Preparation- for purchases for EA1, EA2, SM1, SM2, STC & MAG:**

The SC shall determine a one-time purchase is needed for a Person

_____ **2nd Step Pre- Purchase Assessment, form 295A – for EA1, EA2, SM1, & SM2:**

The Pre-Purchase Assessment is required documentation for Request for Services (RFS)

Form 295A can be found on the DSPD web page

For STC and MAG purchases please go to the 6th Step, 2nd -5th Step are not applicable to STC or MAG.

The SC shall:

- 1) Complete the 'Pre-Purchase Assessment'
- 2) Scan and email the completed 'Pre-Purchase Assessment' to the Assistive Technology Program Specialist II (ATPS*)

_____ **3rd Step Processing the Pre Purchase Assessment, form 295A -for EA1, EA2, SM1, & SM2:**

The Pre-Purchase Assessment is required documentation for Request for Services (RFS)

The SC shall receive the completed Pre-Purchase Assessment from the ATPS.

The Pre-Purchase Assessment shall either require the ATPS to go to the Person's home to do a home assessment or not require a home assessment.

DIVISION OF WITH DISABILITIES SERVICES FOR PEOPLE

One Time Payment Process

If a home assessment is required the SC shall:

- 1) Coordinate with the ATPS to ensure the home assessment is completed
- 2) Receive from the ATPS a copy of the written home assessment
- 3) Scan and upload into USTEPS the Pre- Purchase Assessment including the ATPS written home assessment using the 'Pre-Purchase Assessment' document type

If a home assessment is not required the SC shall:

- 1) Scan and upload into USTEPS the Pre- Purchase Assessment using the 'Pre-Purchase Assessment' document type

_____ 4th Step Medicaid or Private Insurance Denial - for EA1, EA2, SM1, and SM2:

The denial is required documentation for Request for Services (RFS)

The SC shall:

- 1) Obtain a Medicaid *OR* private insurance denial of the purchase. Please refer to Attachment A 'Medicaid Denial', for instruction on how to obtain a Medicaid denial
- 2) Scan and upload the Medicaid or private insurance denial into USTEPS using the 'Medicaid Insurance Denial' *OR* 'Private Insurance Denial' document type

_____ 5th Step Prescription - for EA1, EA2, SM1, and SM2:

The prescription is required documentation for Request for Services (RFS)

The SC shall:

- 1) Obtain a prescription for the item being purchased or a note stating the need and item to be purchased from the Consumer's physician, and
- 2) Scan and upload the prescription into using the 'Prescription' document type

_____ 6th Step – Log Note of Criteria - for STC &MAG purchases only

A log note showing MAG or STC criteria has been meet is requited documentation for Request for Services (RFS)

For EA1, EA2, SM1, SM2, and STC payments please go to 7th Step

DIVISION OF WITH DISABILITIES SERVICES FOR PEOPLE

One Time Payment Process

For STC:

The SC shall create a log note that, at a minimum, includes the following information documenting that the criteria for STC has been met:

- 1) The Person is moving from a more restrictive to less restrictive living arrangement including the Person's current living and new living arrangements
- 2) The Person is responsible for their household items and does not have basic essential household items

Essential household items may include: bed, table, chairs, bathroom furnishings, pots & pans, storage containers, utensils, broom, vacuum, plates, dishes, bowls, cups, alarm clock, hangers, duplicate keys, lock, non-refundable set-up fees or deposits for utility or services access (ei. electricity, heating)

Essential household items does NOT include the following or like items: rent, food, cost of refundable fees, non-essential item such as: televisions, stereos, cd player, mp3 player, dvd player, gaming system

- 3) Alternative sources of funding have been exhausted

For MAG:

The SC shall create a log note that includes why the purchase cannot be made using any other onetime payment codes. At a minimum the log note shall include the following reasons:

- 1) The purchase is not for an environmental adaptation to the Person's home or vehicle
- 2) The purchase is not for specialized medical needs
- 3) The purchase does not meet the criteria for the waiver description for Start Up Costs (STC)

_____ 7th Step Quotes/Bids -for EA1, EA1, SM1, SM2, STC & MAG:

Quotes/Bids are required documentation for Request for Services (RFS)

The SC shall:

- 1) If the purchase is for a home lift, including parts; obtain quotes from all the vendors on the approved vendor list regardless of the amount of the purchase. As of May 2017 the following vendors are on the approved vendor list for home lifts:

- a. Accessible Systems of Utah
- b. Action Medical

DIVISION OF WITH DISABILITIES SERVICES FOR PEOPLE

One Time Payment Process

c. Ability2Elevate

e. 101 Mobility

2) If the purchase is for a vehicle lift, including parts; obtain quotes from all the vendors on the approved vendor list regardless of the amount of the purchase. As of May 2017 the following vendors are on the approved vendor list for vehicle lifts:

a. Ability2Elevate

b. 101 Mobility

2) If the purchase is \$999.99 or under, and is NOT for a lift, including parts, obtain, one quote, OR

3) If the purchase is *between \$1999.99 and \$4999.99*, and is NOT for a lift, including parts, obtain at least **two** written comparable quotes, OR

3) If the purchase is \$5000.00 or over, and is NOT for a lift, including parts, the SC shall:

a. Obtain **two** comparable quotes

b. **THIS PORTION IS COMPLETED ONLY AFTER A RFS HAS BEEN APPROVED.** Contact the DSPD's Division Accountant (DA*) after the Request for Funds (RFS) has been approved and work with the DA to get a contract through the State Purchasing at State Capital in order to complete the purchase. State Purchasing may accept the quotes/bids documents or may choose to post the work to [Sciquest](#) to identify additional qualified providers and confirm quote/bid pricing and comparability. Only the State Purchasing approved vendor may be contacted to complete the purchase.

*****The SC shall NOT authorize any work, or promise any work to a vendor, until after the CA* sends an email notification to the SC that the approval for the purchase is in USTEPS (11th Step)******

_____ 8th Step - RFS Bids -for EA1, EA1, SM1, SM2, STC & MAG:

The SC shall go into USTEPS to start the RFS process. The SC may refer to USTEPS help manual for instruction on how to complete RFS in USTEPS (<http://168.177.185.72/helpmanual/webhelp/RAS.htm>). If the SC needs additional help please contact the USTEPS team.

Wait for the RFS community to review and approve the RFS.

_____ 9th Step – RFS Approval for all Purchases over \$5000.00 -for EA1, EA1, SM1, SM2, STC & MAG:

For RFS purchases approved under \$5000.00, or for lift go to 10th Step

The SC shall contact the DA and work with the DA to get a contract through State Purchasing at the State Capital in order to complete the purchase.

DIVISION OF WITH DISABILITIES SERVICES FOR PEOPLE

One Time Payment Process

The SC shall not contact any vendors to authorize or promise work to, until after there is a Contract Authorized by State Purchasing AND the purchase has been added to the Consumers plan in USTEPS (11TH Step)

_____ 10th Step RFS Approval for all Purchases -for EA1, EA1, SM1, SM2, STC & MAG:

The SC shall send the following documentation to DSPD's Administrative Service Manager (ASM*):

- 1) Completed CAPS Form 295, (revised May 2013) – the following is needed for a completed 295:
 - a. The SC shall complete numbers 1-16 on the 295
 - b. The SC shall sign the 295
 - c. The SC shall obtain the Provider's signature on the 295 as confirmation of bid/quote price
- 2) If the purchase is over \$5000.00, *and is not lift*, a copy of the State Purchasing P.O. approving the vendor
- 3) If the provider is not known to CAPS, a completed W9 signed with in the last six months

To check CAPS to see if a provider is known in CAPS, the SC shall go to USTEPS, CAPS searches – Provider Search, enter the provider name in the search value and search.

_____ 11th Step Update the PCSP budget -for EA1, EA1, SM1, SM2, STC & MAG:

The SC shall:

- 1) Receive an email from the DSPD Contract Analyst (CA*) notifying the SC that an approval for the purchase has been created
- 2) Enter the purchase into USTEPS in the Consumers PCSP and budget using the date range, dollar amount, service code and vendor in the email from the CA

_____ 12th Step Notify the Vendor -for EA1, EA1, SM1, SM2, STC & MAG:

The SC shall notify the approved vendor to begin work.

_____ 13th Step Final Vendor Invoice

Once the work is completed the SC shall:

- 1) Obtain a final invoice from the vendor that will at a minimum contain:
 - a. The cost of the work (should match the original quote or final approved quote)
 - b. The date of purchase was completed
 - c. The vendor's name
 - d. Description of the purchase

DIVISION OF WITH DISABILITIES SERVICES FOR PEOPLE

One Time Payment Process

- 2) Be responsible to ensure the product has been appropriately delivered. The SC shall then write on the invoice “**product delivered**”, sign, and date the invoice
- 3) Scan and email the invoice that includes 1) and 2) above to the CA*

DIVISION OF WITH DISABILITIES SERVICES FOR PEOPLE

One Time Payment Process

ATTACHMENT B

Below are the DSPD employees currently in the position referred to in the onetime payment process as of August 2016:

Division Accountant (DA)

Jennifer James

jjames@utah.gov

Deanna Fata

dfata@utah.gov

Administrative Service Manager (ASM)

Darcy Anderson

darcyhanderson@utah.gov

Assistive Technology Program Specialist II (ATPS)

Scott Fields

sfields@utah.gov

Contract Analyst

Becky Dalby

beckydalby@utah.gov

Support Services Coordinator II (SSC)

Mary Jo Peck

mpeck@utah.gov

Jay Karlinsey

jkarlin@utah.gov

DIVISION OF WITH DISABILITIES SERVICES FOR PEOPLE

One Time Payment Process

Attachment B –Instruction on how to Obtain a Medicaid Denial

Ways to obtain a Medicaid Denial for One Time purchases for DHS/DSPD

1. Medicaid Coverage and Reimbursement Code Lookup tool:

The look up tool can be used to verify if an item is covered by State Plan Medicaid

a. The look up tool is on Medicaid's webpage go to:

<http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>

b. Select the type of provider (62 – Medical Supplier).

c. Enter the Medicaid Billing Number* to see if the item is a covered benefit. If the item is covered, purchase it with the Medicaid card. If the item is not covered, print the screen. **This is your Medicaid denial.**

*If the billing number is unknown call the Medicaid hotline number at 1-800-662-9651. If the number is still unknown contact the State Plan Medicaid liaison, Anita Hall at 801-538-6483

*** There are NO billing codes for Stair lifts, permanent ceiling track lifts, vehicle lifts, ramps, permanent bath and shower transfer systems and repairs related to any of those items, see #2 below for these purchases.***

Example: If you are purchasing an adult car seat, the "Medicaid Billing number" or HCPC is T5001. If you plug in provider type 62, then enter code T5001 with the current date on the Lookup tool, it will bring up the State plan requirements for car seats. If you look at the requirements for T5001 that appear, review the heading "Allowed Age Range", it will state: "Only EPSDT Only". This means it is a possibility that State plan may cover a car seat for individuals age 20 and under. However, this means that for those ages 21 and older, a car seat is not a Medicaid benefit (i.e., adult car seat). If a DSPD waiver participant needs an adult car seat and is 21 years of age or older, a screen shot of the T5001 code on the Lookup tool will be sufficient to show State plan Medicaid will not cover it. Conversely, if a car seat for an individual 20 or under is required, this screen shot will not be sufficient and either a written denial or documentation of a conversation with Medicaid shall be required before DSPD pays.

2. Stair lifts, permanent ceiling track lifts, vehicle lifts, ramps, permanent bath and shower transfer systems and repairs related to any of those items:

There are no codes for these items. You will not be able to use the Lookup tool.

You will need to review the current State Plan manual for Medical Supplies and print the section that states permanent lifts and ramps are not covered by the Medicaid State Plan.

a. Go to the State Plan Manual for Medical Supplies is online at:

DIVISION OF WITH DISABILITIES SERVICES FOR PEOPLE

One Time Payment Process

<https://medicaid.utah.gov/provider-resources-and-information>

- b. Select the "Manuals" link, a new window will appear
- c. Within the new window, select the "Utah Medicaid Provider Manual" link.
- d. From the new "Utah Medicaid Official Publications" page, select the "Medicaid Provider Manuals" link. A list of manuals will then appear.
- e. Select the "Medical Supplies" link. Select the bottom link from the new list which will be the most updated Medical Supplies manual (currently shows as "MedSupply8-15.pdf). Be sure not to select Archive or Attachments.
- f. In the current manual, go to Section 10, Non-Covered Services. Item #3 and #4 read as follows:
 - 3. ***Equipment permanently attached or mounted to a building or a vehicle is not a benefit. This includes ramps, lifts, and bathroom rails.***
 - 4. ***Routine maintenance of equipment is not a benefit. The member is responsible for routine maintenance and upkeep of purchased equipment.***
- g. Print a screen shot of this portion and ensure you are using the most updated manual at the time you pull the screen shot. **This will be your Medicaid denial**

*** Please be aware that any temporary or portable type lifts, like Hoyer lifts, can be covered by Medicaid in certain instances, thus this will not be sufficient for that. In instances of purchases of temporary or portable lifts, a written denial or documentation of a conversation with Medicaid shall be required.

- 3. Documentation including the date, who your spoke with, and that they confirm an item is not covered by Medicaid may also be use as your Medicaid Denial